



DIRECT DEPOSIT CANCELLATION FORM

In order for this form to be processed, you must fax this form and a copy of your valid driver's license or student ID to (303) 556-8512 or email both to cashier@msudenver.edu. Forms submitted without an ID will not be processed.

DATE: _____

STUDENT NAME: _____

STUDENT ID NUMBER: _____

PHONE NUMBER: _____

BANK DEPOSITORY NAME: _____

ACCOUNT NUMBER: _____

REASON FOR CANCELLATION:

I authorize Metropolitan State University of Denver to terminate my direct deposit account. I understand that by signing this form, all future credits will be MAILED to the address on file, unless I enter new direct deposit information through my ConnectU account.

SIGNATURE: _____

FOR OFFICE USE ONLY

☐ Account Cancelled

☐ TGACOMC'd

FULL TIME STAFF SIGNATURE: _____